

Grant Agreement
Between
The Foundation for a Healthy Kentucky
And
Louisville Metro Government on behalf of
The Center for Health Equity, a Center of the
Louisville Metro Department of Public Health and Wellness

Grant Period: July 15, 2007 –July 14, 2008

This agreement is entered into this ____ day of May, 2007 to set forth the terms of the relationship between the Foundation for a Healthy Kentucky (Foundation) and Louisville Metro Government on behalf of The Center for Health Equity, a Center of the Louisville Metro Department of Public Health and Wellness (Center). This agreement addresses a collaborative effort of the Endowed Chair for Rural Health at the University of Kentucky, the Center, and the Foundation to identify communities, including but not limited to lower-income African-American and Latino individuals and families, at high risk of Type II Diabetes and to engage a sample of such underserved, at-risk communities in efforts to (a) describe their experiences with self-care and access to needed health services, (b) propose/design ways in which community systems and environmental factors could be made more supportive of the health of persons with or at risk of Type II Diabetes, and (c) acquire skills needed to mobilize effectively for community policy change.

Responsibilities of Center under the Grant Agreement

Upon signing this Agreement and acceptance of funds, the Center agrees to work with the University of Kentucky and the Foundation and to provide the following:

1. Work with other project partners (Foundation for a Healthy Kentucky, University of Kentucky) to select two or more communities in urban and rural areas with a significant presence of underserved, lower-income populations whose rates of Type II diabetes are notably higher than statewide averages, to target for community engagement activities
2. Work collaboratively with project staff at the University of Kentucky on efforts related to data and evaluative support, including:
 - a. Design a methodology to examine the relationships among income/poverty, education levels, ethnicity, and the incidence of diabetes in those areas selected for the project.
 - b. Additional analysis may be considered based on the results of meetings with the community group. For example, the community group may want to map the locations of health clubs, parks, gyms, health care providers, and full service grocery stores in their community in an effort to have a better understanding of access to key resources needed to control diabetes.
5. Work collaboratively with Foundation and the Center for Health Equity to design an evaluation methodology including a logic model, indicators of success and measurement instruments for the intervention to be designed and implemented by the Center.
 - a. Outcome/impact measures may include but are not limited to: 1) In what way does participation in this project impact the civic capacity of residents involved in

the project? 2) Did the project alter policies and resources that shape the ability of those with and at risk for Diabetes Type II to care for themselves? 3) By what pathways (e.g., material and physiological) does increased civic capacity in community residents affect their health? 4) What health changes may be expected as a result of the program?

- b. It is understood that most of these questions, with the exception of number one, are long-term outcomes that will exceed the one year initial project period, and consequently will not be included in the expected reports to be filed within one month following completion of the funding period.
- c. Process and qualitative measures may include an effort to describe and assess the extent to which the community organizing approach results in a cohesive group of impacted persons that engaged in a process of: a) describing their experiences with self-care and access to needed health services; b) proposing/designing ways in which community systems and environmental factors could be made more supportive of the health of persons with or at risk of Type II Diabetes; c) acquiring skills needed to mobilize effectively for community policy change.

6. Identify existing members of the Center's staff – or retain added workers – to provide the needed workers skilled in group facilitation, documentation and analysis.

7. Train participating members of the Center's professional team in the shared use of a facilitative approach in working with the community, and – as needed - on data collection and analysis methods to be used.

8. Identify and invite a small group of community members (5 to 8 people) in each designated community to meet several times with the Center's professional team to explore their self-interests, issues, and concerns. This task may include one-to-one meetings in an effort to build the group. This group also discusses and decides how to invite a larger group of community leaders (10–15) to join the effort.

- a. Criteria for expanding participation are related to (a) the extent that individuals can find common ground in identifying personal as well as collective value in addressing the health issues under consideration and (b) their leadership potential, defined as their ability to attract and retain other community members to work with them in attaining objectives of shared interest
- b. Record all community meetings and analyze them for content using a community meeting tracking form developed by the Center
- c. Administer a community civic capacity building survey (attached) to the larger group of residents. The purpose of this measurement instrument is to gauge the level of knowledge regarding: the policy process; the use of civic practices to produce social change; the methods for organizing groups, institutions, and residents in relationships to pursue policy and systems change; and the instruments through which policy and systems level changes occur.

- d. The Center will support and monitor as the community group continues to meet in an expanded form and begin the process of generating a set of problems. This consensus-building process involves discussions and voting to narrow and identify a problem or set of problems to be addressed.
- e. The Center will support each community group through an added 3 months of biweekly meetings, the group works in smaller committees through the following steps: (i) exploring the community and citizen dimensions of the identified problems in depth; (ii) doing one-to-one interviews with a range of stakeholders, institutional leaders and those who can provide insight into the problems; (iii) generating potential action initiatives and processing them in terms of their feasibility with existing community resources.
- f. The Center will assure that, in each identified community, all information and research is brought back to that community's larger group. The larger group in each community, using democratic planning and decision making, decides on a specific action initiative.
- g. The outcome should be a detailed report for that community on the structural and systems-based problems that act as barriers to care and prevention: (i) within the healthcare and social services system, (ii) at the neighborhood environmental level; and (iii) within the local economic market that dictates jobs, employment levels and wages. The report will also outline an action plan that the group may pursue including possible actions, solutions and steps to take in addressing problems.
- h. The Center will administer a post evaluation assessment of civic capacity building using a format agreed upon with the Foundation and the University.

9. In addition Center agrees to provide the Foundation with:

- a. a copy of the final written report on the conduct of activities under this Agreement
- b. a summary and accounting of expended grant funds, returning to the Foundation any grant funds not expended during the stated grant period.

And to work collaboratively with the University of Kentucky on development and dissemination of a report regarding the project, its impact and implications for use of a civic engagement process to promote health equity and reduce health disparities in regard to risk for and management of Type II Diabetes in urban and rural underserved communities.

This report is due no later than 30 days after the end of the grant period (June 30, 2008).

Expenditure of Funds

- No funds provided by the Foundation may be used for any of the following:
 - a. Capital campaign or for bricks and mortar
 - b. Overhead expenses unless otherwise indicated in this agreement.

c. Deficit reduction or forgiveness.

- Expenses charged against this grant may not be incurred prior to the effective date of the grant or subsequent to the termination date, and may be incurred only as necessary to carry out the purposes and activities of the approved program.
- The grantee is responsible for the expenditure of funds and for maintaining adequate supporting records consistent with generally accepted accounting practices.
- The Foundation reserves the right to examine the progress of any grant funded. If in the judgment of the Foundation, a grant has not adequately achieved its originally-stated goals and objectives, the Foundation reserves the right to terminate the grant and require that the recipient return any unexpended funds.

Further Grant Conditions

1. Nondiscrimination. In the administration of the Grant or of the program for which the Grant is awarded, Center shall not discriminate on the basis of race, color, religion or religious affiliation, sex, national origin, sexual orientation, age or disability. This grant will not be used for recruitment into a religious denomination or congregation.

2. The Foundation acknowledges Center's claim of ownership of all intellectual property rights in any and all of Center's work products related to the Grant program and provided to the Foundation hereunder, and the Foundation disclaims any ownership of said intellectual property rights except that the Center hereby grants and agrees to grant to the Foundation and the University of Kentucky a perpetual, royalty-free, non-exclusive, sub-licensable right and license to copy, use or adapt for its own internal purposes, distribute, and otherwise make available to others, without restriction the work product delivered by University to the Foundation pursuant to this Grant Agreement; provided, however, that the Foundation and/or the University of Kentucky shall not distribute or make available any work product that is confidential and which is so marked, and provided further that the Foundation and/or the University shall cooperate reasonably with the Center to ensure that the Foundation's and/or the University's exercise of the rights licensed herein does not compromise or interfere with the goals of the Center.

3. Tax Status. The Center affirms to the Foundation that it is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code (IRC) and that it is not a private foundation as defined in IRC Section 509(a) or (ii) evidence that it is an appropriate government entity. The Center must give the Foundation immediate written notice if there is any change or potential change in the Center's tax exempt or non-private status.

The grant funds are not earmarked to be used in any disallowed attempt to influence legislation within the meaning of IRC Section 4945(e), or to engage in any other activity which, if conducted directly by the Foundation, would result in the imposition of any tax on the Foundation under IRC Chapter 42. No agreement, oral or written, to that effect has been made between the Foundation and Center. If the project involves public policy issues, the Foundation

is relying upon Center's representations, made in Center's grant request and proposed budget, that this grant does not exceed the amount budgeted by Center for activities of the project that are not disallowed attempts to influence legislation within the meaning of IRC Section 4945(e).

Center shall not use any portion of the grant funds to influence the outcome of any specific election for candidates to public office, to carry on any voter registration drive except as provided in IRC Section 4945(f), to induce or encourage violations of law or take any other action inconsistent with IRC Section 501(c)(3).

4. Grant Announcements and Promotional Activities. The Center will cooperate with the Foundation and the University of Kentucky in a mutual effort to disseminate information concerning the Grant and its results, including, but not limited to, providing the assistance the Foundation reasonably requests in complying with any dissemination plan the Foundation may adopt concerning the Grant.

Without further notice, the Foundation may include information regarding the Grant, the amount and purpose of the Grant, Center's name, any photographs, and other published/printed information or materials (provided by the Center) and Center's activities, in the Foundation's periodic public reports, newsletters, news releases or any other Foundation publication produced or published by any means.

Publications produced with funding from the Foundation will indicate that the Foundation has provided financial report and clearly note that opinions expressed by the authors are not necessarily those of the Foundation.

5. Authority. The undersigned certifies that he or she is a duly authorized officer of the Center and, as such, is authorized to execute this Grant Agreement on behalf of the Center, to obligate the Center to observe all of the terms and conditions contained in this Grant Agreement, and in connection with this Grant Agreement to make, execute, and deliver on behalf of the Center all contract agreements, representations, receipts, reports, and other instruments of every kind.

6. Designated Contact Person

Any questions or follow-up required of this grant will be directed to a designated contact person.

The contact person designated by the Center is:

Lauri Andress, MPH, J.D., Ph.D.
Director
Center for Health Equity
Louisville Metro Department of Public Health and Wellness
2422 W. Chestnut
Louisville, KY 40211
502-574-6616

Lauri.andress@louisvilleky.gov

The contact person designated by the Foundation is:

Susan G. Zepeda, Executive Director
Foundation for a Healthy Kentucky
9300 Shelbyville Road, Suite 1305
Louisville, KY 40222
(502) 326-2583
szepeda@healthyky.org

Award of Funds by the Foundation

In order for Center to carry out the responsibilities specified in this agreement, the Foundation hereby agrees to grant the sum of \$108,780 to Center. One-half of this amount shall be provided to the Center upon receipt by the Foundation of a fully executed Agreement. The balance of the grant will be paid to Center upon satisfactory completion of enumerated Responsibilities (1) through (8b) above, including the satisfactory convening for a first two sessions of community groups in each of the designated communities.

Changes to the Agreement

The terms of this agreement represent the complete and final understanding of both parties and any changes or additions to the terms presented here in require an amendment to this Agreement that must be executed by Center and the Foundation.

Signed:

Date: _____

Name: _____

Title: _____

Address: _____

Telephone: _____

Susan G. Zepeda, Executive Director
Foundation for a Healthy Kentucky
9300 Shelbyville Road, Suite P-1305
Louisville, KY 40222
(502) 326-2583

Date: _____

Attachment A

Budget

Personnel

Salary Expense

One full-time Health Educator I and one part-time Health Educator I are required to address the scope of work of this project. These two positions will report to the Coordinator of the Center for Health Equity.

1 FTE	\$30,000
.75 FTE	\$22,500

Fringe Benefits Expense

Fringe benefits are calculated at 30% of salary. This includes applicable retirement benefits, workers compensation, and insurance.

\$45,000 x .30 =	\$15,750
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Total Personnel Expense	\$68,250
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Community Meetings Expense

Two community meetings will be held monthly for a total of 24 meetings during the project year. Meeting expenses @ 25 persons per meeting:

Child care expense

24 meetings x 2 hours each x \$25/hour	\$1,200
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Food Expense

24 meetings x 25 persons x \$7/person	\$4,200
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Transportation expense for attendees

	\$500
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79610+

Total Community Meetings Expense	\$5,900
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Office Expenses

Supplies, printing and postage. A report will be written and presented at the completion of the project year.

Total Office Expense	\$3,900
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Travel Expense

Local travel per Louisville Metro policy rate of \$.40/mile

\$30 per week x 52 weeks

Total Local Travel Expense	<u>\$1,560</u>
Total Direct Expense	\$79,610

Other Contract Expenses

Focus Groups

Funds will be used to contract facilitation of two focus groups during the project year.

2 groups @ \$5,000 each	\$10,000
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Data

For the purpose of this project data will be gathered which will require organization, compilation, and entry. We propose to contract with a student from the University of Louisville for this required task.

160 hours of work \$25/hour	\$4,000
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Training Video

Expense is budgeted to produce a professional video that can be used as a source of dissemination to train other entities in this process.

Contracted training video expense	\$7,209
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Total Other Expenses	\$21,209
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Indirect Expense

This expense is calculated at 10% of the total direct expenses.

\$80,750 x 10

Total Indirect Expense	<u>\$7,961</u>
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TOTAL BUDGET	\$108,780
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